

SCHEDULE OF INTENT AFFIDAVIT (SOI) SMALL BUSINESS ENTERPRISE - CONSTRUCTION (SBE/CONS) PROGRAM

Name of Prime Contractor				Contact Person						
Address			Phone		Fax	Eı	nail			
Project Name						Project Nu	mber			
SBE/Cons Contract Measure			ı							
This form must be completed by the Primust include this form with bid docum								of work on the proj	ect. Bidders	
Name of Prime Contractor	(if applicable) SBE/Cons Certification Certification Expiration Date		S	Scope of Construction work to be performed by Pri		formed by Prim	e Contractor	Prime Contractor % of Bid	(if applicable) SBE/Cons Prime % of Bid	
		Prime Contractor Total Percentage:								
The undersigned intends to perform the	following work in co	onnection with the a	bove cont	tract:						
Name of SBE/Cons Subcontractor	SBE/Cons Certification No.	Certification Expiration Date	S		tion work to be per ons Subcontractor	formed by	(if applicable) SBE/Cons Subcontractor % of Bid	(if applicable) SBE/Cons Subcontractor Trade Set Aside %	(if applicable) Construction Goal Make-Up	
	<u>l</u>									
					Subcontractor To	otal Percentage:				
I certify that the representations contain	ed in this form are to	o the best of my kno	owledge tr	rue and accurate.						
Prime Signature Prime Print Name				P	rime Print Title		Date			
The undersigned has reasonably uncombonding that is reasonably required to p									to obtain	
SBE/Cons Subcontractor Signature SBE/Cons Subcontractor Print				Name SBE/Cons Subcontractor Print Title						
Check this box if this project is	a set-aside and yo	u are performing	100% of	the work with y	our own work fo	rces.				
Check this box if this project is Check this box if Form SBD 30 Check this box if Form SBD 30	•			•						
Check this box if Form SBD 30	3 has been submitt	ted in your pricing	g envelop	e.						
	List of Certified	Firms: http://www.mia	amidade.go	v/smallbusiness/certi	fication-lists.asp					

SBD's Website: http://www.miamidade.gov/smallbusiness/